

PART B - FEE(S) TRANSMITTAL

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27890 7590 07/28/2004

STEPTOE & JOHNSON LLP
 1330 CONNECTICUT AVENUE, N.W.
 WASHINGTON, DC 20036



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/832,959	04/12/2001	Moungi G. Bawendi	01997-273003	2525

TITLE OF INVENTION: BIOLOGICAL APPLICATIONS OF QUANTUM DOTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	XXXX \$1,370.00	\$300	XXXX \$1,670.00	10/28/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHIN, CHRISTOPHER L	1641	435-006000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 STEPTOE & JOHNSON LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Cambridge, MA

10/20/2004 HVUONG2 00000008 09832959

01 FC:1504
02 FC:1501

300.00 OP
1370.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4293 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is not claiming SMALL ENTITY status. Sec, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

Harold H. Fox (Date) 10-19-07

Harold H. Fox, Reg. No. 41,498

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